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ABSTRACT

In this document, one of a series of papers commissioned by Foundations (a development project designed to examine the career development needs of students entering the National Technical Institute for the Deaf), the processes of moral development in persons with hearing impairments are examined. The work of J. Piaget is first reviewed, followed by a discussion of L. Kohlberg's six hierarchical stages of moral reasoning and a review of a responsibilities vs. rights orientation of morality. Research on moral development in hearing impaired students is reviewed, suggesting a delay in psychosocial development among the hearing impaired. Studies are then reviewed in terms of the effects of three factors on moral growth: cognitive development, liberation from the coercive constraint of adult authority, and social interaction. It is concluded that special efforts should be made to provide opportunities for dialogue within two broad types of social experience: those promoting a rights orientation through participation in governance and challenging intellectual study, and those promoting a responsibility orientation through more personal work with others. (CL)

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The Role of Deafness and Education in the Moral Development of Hearing-Impaired Children and Adolescents

Mary Field Belenky

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It is remarkable that such an extraordinary variation on the human experience as that of deafness has been generally ignored in the ongoing study of human development. Knowledge from research on such variations can make major contributions towards revealing universal processes of development. Knowledge from studies of development in more ordinary populations could be more fully utilized to illuminate the developmental issues of those who share this particular variation in experience. In this paper the processes of moral development of those who have hearing impairments will be explored by addressing several overarching questions. How does early and profound deafness affect the development of moral judgement throughout the life span? What is the relationship between the development of symbolization -- not speech -- and the development of mind and the development of morality? How can the development of moral reasoning be best supported and promoted in those who are hearing impaired? This exploration leads to a deeper appreciation of the role that dialogue plays in the development of all human beings.

Although there is little research that has directly studied moral development in hearing impaired populations, concern with issues of ethical development has been a central focus in developmental psychology for several decades. It is the work of Piaget that has brought about a paradigm shift making this outpouring of research in development and moralization possible (Gardner, 1973; Loevinger, 1976).

The underlying premise of the developmental paradigm is that meaning-making structures pass through a number of discrete stages which can be seen as intra-psychic and self-other organizations; that each new stage is more complex and gives the individual more adequate and equilibrated ways of conceptualizing the environment and the self; that the stages are achieved through constant interaction between the maturing individual and challenging experience, in the context of physical and interpersonal support.

Development in all domains -- cognitive, ethical, and ego-identity -- is seen as progressing from the self toward the world; from egocentricity toward allocentricity; from the simple to the complex; from the diffuse to the differentiated and toward the integration of differentiated components; from the concrete to the abstract; from the impulsive to the rational; from the dualistic to the relativistic; from dependence toward autonomy and interdependence. With the availability of this theoretical framework, American psychologists have turned their attention from an almost exclusive concern with the impact of the environment or stimulus on the seemingly passive child. Now, serious attention can be paid to the ways in which the active child constructs meaning out of his or her experience in the world.

Piaget (1932/1965) conducted one early study on The Moral Development of the Child before confining his attention to the development of logical structures that organize thinking in all domains. He depicted two moralities that children hold: 1) the heteronomous -- or that emanating from adult authority, and 2) the autonomous -- or that which is self-chosen. The youngest children conceptualize rules as being sacred and untouchable, created and imposed by adults, and as lasting forever. Being good is equated with obedience to the will of adult authority. Wrong is to have a will of one's own. Little coordination is found, however, between the young child's conception of the rules with his actual practice. Since they are unable to subordinate their actions to intentions, the behavior of immature children seems impulsive and unpredictable. While the younger child sees rules as external to the mind and incapable of being transformed, the older child comes to think of rules as mutual agreements made between equals which maintain and enhance games and the social order. Piaget believed that it is through the experience of cooperation among peers that the ethic of mutual respect evolves. This

"leads, in the domain of justice, to the development of a conception of equality which is the idea at the bottom of distributive justice and of reciprocity." (p. 329). This is an achievement of particular consequence to Piaget with his overriding concern with the development of logic, as he sees the notion of justice as "the most rational of all moral notions" (p. 197). Indeed, he argues that "the important norm of reciprocity (is) the source of the logic of relations (which) can only develop in and through cooperation" (p. 107).

Kohlberg (1969; 1981), expanding on Piaget's work, periodically interviewed a group of males from their adolescence on for over twenty years, asking them how they would best resolve a series of hypothetical moral dilemmas. From their responses, Kohlberg delineated a series of six qualitatively distinct and hierarchically arranged stages of moral reasoning that arise in an invarient sequence. Kohlberg's description of moral development, like Piaget's, focuses on the development of conceptions of rules and, ultimately, on the evolution of universal principles of justice. Each stage represents an increasingly adequate mode of resolving dilemmas posed by competing claims and rights of individuals who are conceived of as equals.

Kohlberg groups these six stages into three broad levels: preconventional, conventional, and postconventional -- or principled judgements. Young children reason at the preconventional level in which right and wrong are defined in terms of physical consequences to the self. Those who reason at Stage 1 have a punishment and obedience orientation. Good is equated with obedience and avoidance of punishment by powerful authorities. Stage 2 is characterized by a naive hedonism. The good is that which satisfies one's own needs and feelings of others will be considered to the extent that such considerations are seen as benefitting the self.

"Tit for tat" suggests the basis for this thinking which has achieved some liberation from adult constraint. As adults are no longer seen as omnipotent, the interests of the self can be asserted more fully. While preconventional reasoning is ordinarily transcended in early adolescence, there is some evidence (to be discussed in greater detail) which suggest that hearing impaired students entering college are still typically at these early stages of development. Preconventional adolescents delayed in development are still under the influence of internal and external physical stimuli, rather than that of symbolic representations conceptualizing past and future roles and values which have been shared and self-examined. The adolescent who continues to consider only his or her own immediate needs and wishes when resolving moral conflicts is, by definition, egocentric, impulsive, unable to delay gratifications or to coordinate actions with either long term plans or shared norms and values.

At the conventional level, Stage 3 is defined by a "good boy" orientation where good is that which pleases and helps others and which keeps the self in their good graces. Sharing in the values of those whose good regard one seeks becomes important because one's self esteem and emerging identity are dependent on being accepted and well liked. Conforming to group pressure and expectations is typical of adolescents at Stage 3 while age mates who are still preconventional or those who reason at the more advanced stages exhibit little conformity behavior (Saltstein et al, 1972). Shared values are increasingly held because they serve to enhance the lives of those whom one cares about and has come to feel responsible towards. Commitment to community standards becomes important because conformity is seen as benefitting others as well as enhancing the self image. Moral reasoning at the conventional level requires an increased capacity for abstract thought and role-taking which allows the individual's thinking to stretch outwards into another's perspective and outwards

toward the future. With such a capacity, one's actions can become guided by a concern for others as well as by shared goods and values. At this juncture, both the concepts "should" and "love" enter the vocabulary and become central to the moral dialogue. Indeed, it is at this point in the developmental progression that vocabularies and dialogue themselves seem central to the moral process -- although these must have been present in more rudimentary form from the very beginning.

At Stage 4, the individual is able to take the perspective of the society. Norms, laws, and legitimate authorities are now respected, as it is now understood that these are essential functions for maintaining the social order.

At the postconventional stages, universal principles evolve as the standard for assessing societal norms, contracts, and constitutional agreements, as well as for guiding individual moral choice. Principles derive their value through appeal to logical comprehensiveness, universality and consistency. They are principles of justice, of reciprocity and equality, of human rights. Principled thinking is notably rare. It appears, if at all, in very late adolescence or during the adult years.

Gilligan (1977, 1979, 1982) has generated a critique of our current understanding of moral development as shaped by Piaget's and Kohlberg's work. She argues that Kohlberg's (1969) basic research on moral development, like much of Piaget's (1932/1965) and much of the empirical research on adolescent development (Adelson, 1980), has been conducted largely on male samples, and that this tendency to select male samples has resulted in a description of the life cycle that primarily depicts male experience, male standards, and the evolution of those personal qualities that have been relegated to that sex. Gilligan argues that when one studies women making serious moral choices across the life span (Belenky, 1978; Gilligan, 1977, 1979, 1982; Gilligan and Belenky, 1980), one finds a different conception of

morality unfolding -- one that is centered on relationships, care, and responsibility. While women's conception of morality more typically centers on issues of responsibilities, the moral conception Piaget and Kohlberg described is organized around issues of rights. The rights orientation seeks justice for individuals in an egalitarian context. The responsibility orientation seeks mercy which recognizes the inherent inequalities between persons and the need to be cared for and to care. The responsibility orientation rejects the notion that justice should be blind and argues for always knowing the context for moral choice. Undoubtedly, an integration of these two conceptions -- the morality of responsibility and the morality of rights -- provides a fuller understanding of the human potential, and the highest stages of development might ultimately be found to reflect a higher degree of differentiation and integration of conceptions of both self and other; individuality and interdependence; agency and communion; and rights and responsibilities. Both of these orientations to morality should be kept in view when considering the role of deafness and education in the moral development of the hearing impaire

The DeCaro's and Emerton (DeCaro and Emerton, 1978; DeCaro, Emerton, and DeCaro, 1983) have conducted the only study to assess levels of moral reasoning in the hearing impaired. They studied moral judgments of students at a selective, technical college for the deaf. A handwritten form of Kohlberg's instrument was administered to the entire freshman class in 1975 and to 44 randomly selected subjects in 197[illegible]. Both groups of freshmen were scored predominantly at the preconventional level. Preconventional moral reasoning is infrequent in all the other college populations that have been studied to date. To rule out the possibility that such low functioning could be attributed to difficulties in writing, they randomly selected 10 freshmen in 1977 who were administered the handwritten form as before. These students were also interviewed in person by an adult who was

highly skilled in manual forms of communication and who is widely regarded as being in excellent communication with hearing impaired students. Manual and oral modes of communication were used simultaneously in these interviews, which were recorded by video tapes and then translated into standard English and transcribed. The stage scores from the written and interview data that were collected from these 10 students were similar. As a group, their scores also closely paralleled the profiles obtained from the previous samples. Four years later, extraordinary effort was made to locate and re-interview all ten of these subjects Again, both handwritten and face-to-face video recorded interviews were collected. All four data sets -- the written and interview versions from both 1977 and 1981 -- were scored simultaneously and blindly by an expert scorer from the Harvard Center for Moral Education. In 1977, all 10 were reasoning at the preconventional level. All were scored predominantly at Stage 2. Only four showed some strong evidence of Stage 3 -- the first appearance of conventional moral reasoning according to Kohlberg's scheme. Four years later, all showed a substantial amount of Stage 3 conventional moral reasoning with only four still using a great deal of thought characteristic of Stage 2. The gain was significant at the .001 level and suggests that delayed development can be overcome relatively late in the life cycle.

While the progress of these students seems important and promising, it is the case that their moral judgement scores are still low when compared with studies of hearing college students. It is possible that these depressed scores are an artifact of the dilemmas that make up the Kohlberg interview and that these students have actually made greater progress than indicated. To be scored at Stage 4 or higher on Kohlberg's scheme, the interviewee must indicate that he or she has taken the perspective of the society as a whole. Young adults who feel excluded from the hearing world may not take a societal perspective

when the moral dilemma is depicted as occurring in the larger society. These same adults may, however, use much more complex reasoning when resolving dilemmas that are depicted as occurring within the deaf community. It is hoped that the DeCaro's and Emerton will add such dilemmas in subsequent follow-ups of this same sample, ruling out that source of bias. Levine (1981) stresses the importance of studying the hearing impaired in their own environments if we are to move beyond negative stereotypes.

Be that as it may, the elaborate video recorded interviews used by the DeCaro's and Emerton are unprecedented in the studies of the hearing impaired. This is surprising, as Vernon (1967) and Furth (1964, 1966), in reviewing the research literature on the development of intelligence in the hearing impaired, found considerable evidence that the verbal nature of most psychological tests systematically disadvantages hearing impaired subjects. When children are assessed by non-verbal means, their level of cognitive function is more like that of their hearing peers. That the subjects of DeCaro's and Emerton were able to avoid written tests which are problematic for many hearing impaired and were able to choose the mode of communication in which they were most proficient, undoubtedly helped them demonstrate the complexity of their moral judgement. However, the Kohlberg measure does rest on a linguistic dialogue and leaves many questions to be considered. How much does morality itself depend on a dialogue between persons that presupposes a shared symbol system? Are hearing impaired adolescents actually delayed in moral development or do they just perfor poorly on the Kohlberg instrument?

The available literature, comparing hearing impaired and normally hearing children, repeatedly suggests a delay in psycho-social development among the hearing impaired, lending some validity to the DeCaro's and Emerton's findings. Hearing impaired children are consistently characterized as more impulsive and/or egocentric than their

normally hearing peers (Altshuler, 1963, 1974; Harris, 1978; Hefferman, 1955; Hoemann, 1972; Levine, 1956; McAndrew, 1948; Meadow, 1980; Rainer et al, 1966; Rodda, 1974; Schein, 1968, 1975; Schlesinger and Meadow, 1972).

The literature that reaches this consensus on the psycho-social immaturity of the hearing impaired has been mostly generated on samples of children and adolescents. When adults are studied, they are frequently from clinic populations in which one might expect to find a disproportionate amount of psychological problems. Furth (1973) summarizes the relatively few studies on non-clinical populations of hearing impaired adults, who are otherwise normal. This literature depicts these adults as highly gregarious, active, responsible participants in a closely knit, stable community of the deaf. Through the use of sign, all members of this community are able to be in good communication with one another. These communities have a rich array of social organizations that effectively work towards meeting the needs of a group that has been consistently handicapped by the nature of their relations with the broader community. That hearing impaired adults tend to be full, responsible participants in community life suggests that even though moral development may be delayed, it is not truncated. Furth suggests that the repeated finding of a high incidence of pathology among deaf children and low incidence of disturbance among deaf adults may be accounted for by a developmental lag that has no lasting consequences for the emotional life of the adult. Levine (1981) observes that as a group the hearing impaired are remarkably resilient and successful in coping with adult demands despite difficult childhoods. The longitudinal findings of the Decaro's and Emerton also provide some support for Furth's hypothesis.

Lacking other studies on the moral development of hearing impaired children and adults, we must rely on a myriad of findings that provide only indirect evidence for dis-

cerning patterns of moral development in hearing impaired populations. Lickona (1976) in reviewing the literature on moral development as conceptualized by Piaget and Kohlberg, comes to the conclusion that there are three factors that generally promote moral growth: cognitive development, liberation from the coercive constraint of adult authority, and social interaction. We will look at the implications of each of these factors in respect to hearing impaired children. All the studies to be cited have used Kohlberg's scheme as an index of development unless otherwise indicate

Cognitive Development and Moral Reasoning

Colby (1973), Kohlberg (1969), Kohlberg and DeVries (19 Kuhn, Langer, Kohlberg, and Haan (1977), and Tomlinson-Kease and Keasey (1974) have demonstrated that for each moral stage identified, there is a corresponding logical stage or substage as defined by Piaget. These cognitive stages were found to be a necessary, but not sufficient condition for the occurance of the moral stage. Mature moral reasoning requires mature cognitive functioning. However, mature cognitive functioning does not automatically assure maturity in moral reasoning.

While Furth (1964, 1966) and Vernon (1967) have gathered considerable evidence that the early stages of cognitive development Piaget describes are not delayed in hearing impaired children when assessed by non-verbal tests, the evidence is not so clear for normal development of formal operational thought in adolescence. If hearing impaired adolescents are unusually delayed in achieving the capacity for abstract, formal thought, that delay could contribute to the unusually low levels of moral reasoning in the college students observed by the DeCaro's and Emerton.

Liberation from Adult Constraint

The second condition for moral development to be considered is the process by which the child who begins life as a very small and powerless person among giants, comes to have a sense of equal responsibility for framing and resolv-

ing moral problems and of equal worth in making moral claims. Because parents are usually the most important authorities in the lives of children, the research literature on the impact of parental discipline techniques on children's moral development will be examined. Hoffman and Saltstein (1967) looked at the relationship between parent's discipline and their children's maturity of moral judgement. They distinguished three types of discipline: 1) Power Assertion -- or the exercise of physical power over the child; 2) Love Withdrawal, defined as the expression of anger and the withholding of affection; and 3) Induction, which primarily involves pointing out the consequences of the child's behavior for others. They defined two levels of moral maturity: the high externals who conceptualized moral issues in terms of rewards and punishment vs. those who had internalized moral values. Their definitions correspond closely to Piaget's two styles of moral judgement and to Kohlberg's preconventional and conventional levels of moral reasoning. High internalization of moral values was strongly correlated with induction as a disciplinary technique. Parents using high induction point out the harmful consequences of the child's behavior and encourage discussions about the range of motivations and issues involved. Morality based on the fear of external punishment was associated with power assertive techniques such as using physical punishments and withdrawal of privileges. These findings were generally corroborated in reviews of the extensive literature on child-rearing practices (Baumrind, D., 1980 and Hoffman, 1977). Holstein (1968) studied families as they actually discussed hypothetical moral dilemmas. Children who were most advanced in moral reasoning on Kohlberg's scale had parents who encouraged a dialogue on the range of issues involved in the dilemma. These parents were effective in drawing out their childen's opinions which appeared to be valued even when the opinions departed from those of the parents. The parents who failed to generate a dialogue and who demanded high conformity to their own opinions had the least morally mature children.

Parikh (1975) replicated Holstein's study in India, obtaining similar results. Haan, Smith, and Block (1968) analyzed differences in perceptions of parental relationships among large samples of college students and Peace Corps volunteers who were at various stages of moral judgement as measured by Kohlberg's interview. They found that the principled students were more apt to describe their parents as being neither permissive nor laissez-faire, but as being actively involved in their lives, and as argumentative -- even conflict inducing -- for thorough and often heated discussions of all differences and decisions were customary in their families. Conventional level students described their families as harmonious, with little parent-child conflict. They depicted their parents as using clear rules, reinforced by rewards and punishments rather than encouraging discussion and debate around value differences. These studies suggest that parents' willingness to reduce the power differential between themselves and their children, along with their ability to sponsor productive and rational discussions about moral conflicts are important factors in fostering moral development in children.

Several studies suggest that parents of hearing impaired children are more likely to use power assertive discipline techniques than are parents of normally hearing children (Chess, 1975; Collins, 1969; Goss, 1970; Mindel and Vernon, 1971; Schlesinger and Meadow, 1972). Schlesinger and Meadow (1972) describe mothers of hearing impaired children as being more controlling, didactic, and intrusive. They are less likely to delegate decision making responsibilities to the child. Physical punishments and restraints are much more likely to be seen as effective. The early need of a parent to intervene physically persists late into childhood as discussion and explanation, or inductive techniques, are extremely difficult without a shared, effetive system for communication between parent and child. That adult constraint remains such an important factor in the lives of hearing impaired children may be another important factor accounting for the delay found in the development of moral reasoning.

Social Interaction and Moral Development

Piaget (1932/1965) argued that the development of moral reasoning "presupposes a long reciprocal education of the children by each other" (p. 318) as the notion of justice "requires nothing more for its development than the mutual respect and solidarity which holds among the children themselves" (p. 198). Kohlberg, not discounting the importance of peer relations, argues that moral development depends on having a wide range of role-taking opportunities in a variety of social institutions. That the development of these stages of moral reasoning is tied to the expanding capacity for social role-taking has been richly demonstrated by Selman (1971). Hollos and Cowan (1973) assessed the impact of social isolation on the development of logical capacities and on role-taking abilities in young children. They selected Norwegian children from farm, village, and town families who were otherwise matched for socio-economic status, family size and child rearing practices. Hollow and Cowan argue that the children in the different social settings differed primarily in the opportunity to be involved in verbal and social interaction with peers. The farm children performed as well or better on the logical tasks but had lower role-taking scores than the village and town children, who did not differ one from another. The Norwegian study suggests that social isolation had a retarding effect on the development of the capacity for role-taking, a central aspect of psycho-social development. The importance of social interaction was further supported by Keasey (1971) who demonstrated a relationship between moral maturity (MMS) and high social participation. The more mature students were most likely to be chosen as leaders and friends by their peers. Thrower (1971) compared adolescents who had been raised in institutions with those placed in foster homes as well as those who remained in their own disturbed family. Those raised in institutional settings were still at the very earliest stages of moral reasoning, while the other groups were closer to the expected levels of development for their age. Thrower

described the social relations in the orphanages as highly fragmented, with little communication among the children themselves or between the children and the staff. These children consistently failed at role-taking tasks which presented the control groups no difficulty. These findings lend strong support to the importance of social interaction in moral development.

Hearing impaired children suffer a degree of social isolation that would be unusual to find in other groups. Stokes (1945) and Brunschwig (1936) conducted studies which showed that deaf children have fewer playmates and engage more in solitary play than do their hearing peers. Accounts of hearing impaired adults whose childhood experiences were confined to the hearing community are riddled with descriptions of isolation and loneliness, even in the midst of their own families. Until recently, educators of the hearing impaired were predominantly committed to developing the oral-aural modes of communication. Gestures and signs were prohibited and sometimes even reading and writing were discouraged, as these were thought to inhibit the development of oral skills (Meadow, 1980; Moores, 1978). Even with extensive oral training, the speech produced by most prelingually deaf people is typically hard to understand (Nickerson, 1975). The difficulties involved in lip reading make the comprehension of spoken words most problematic (Lowell, 1959). Given the poor language base, deafness from an early age is associated with serious problems in learning to read and write (Furth, 1966; Brooks, 1978). Signed language is the most efficient and easily learned mode of communication available to the hearing impaired. If sign is not available, these children have severly limited access to language and social discourse. Schlesinger and Meadow (1972) observed that mothers of deaf children, having been warned of the dangers of introducing their children to sign, used gesture to communicate with their children only slightly more than mothers of hearing children. Only 4 out of the 40 mothers in their sample decided to learn sign so they might communicate easily

with their own children. Typically, sign was learned surreptiously from other children when a child was placed in special schools for the deaf or later in life when access to the deaf community is gained. Reich and Reich (1973) found that the average age for learning to sign was 13.7 years for those attending day schools and 7.11 years for those placed in residential programs. Hoemann (1972) found that eight to eleven-year old children in a residential school were only beginning to acquire sign. The major exception to these trends has been the small proportion of deaf children born to deaf parents. These children, growing up in a sign-rich environment, easily learn a mode of communication at the same age or even earlier than hearing children acquire language (Schlesinger, 1978). Being unable to produce understandable speech, unable to comprehend much of the spoken language, unable to read and write well, unable to sign, the hearing impaired child experiences an unprecedented degree of social isolation. Such isolation was poignantly illustrated by a college student who had attended his father's funeral. Although this student was literate and written messages were possible, no attempts were made by relatives or friends to communicate with him. He returned to college without knowing even the cause and circumstances of his father's death. If social participation is an important contributor to moral development, it would follow that development would be delayed in those who do not have access to an efficient language and who are excluded from the give and take of an ongoing dialogue.

The importance of the early access to language and the introduction of sign as an effective mode of communication for hearing impaired children is suggested by studies comparing deaf children born to deaf parents with those born to normally hearing parents. These studies have generally agreed that the children born to deaf parents tend to be more advanced in many aspects of linguistic competence, academic achievement, and/or psychosocial development (Brasel and Quigley, 1975; Corson, 1973; Harris, 1978; Meadow, 1968;

Schlesinger and Meadow, 1972; Stevenson, 1964; Stuckless and Birch, 1966; Vernon and Koh, 1970). Schlesinger and Meadow (1972) found deaf children of deaf parents to have higher ratings on their measures of responsibility, maturity, and independence. Although there is continued debate over whether access to sign accounts for these striking differences, there are several studies that suggest that easy access to language is at least one important condition for many aspects of development. Harris (1978), in one of the few studies exploring the relationship between the age of exposure to manual communication and subsequent development, found that the younger the age the child was exposed to sign, the greater the impulse control. Impulse control, we have argued, is an important index of moral maturity. Meadow (1972) found that hearing impaired children with good language skills, were more like normally hearing children than were those with poor skills, in terms of being happy, enjoying interaction, compliance, mastery, and creative imagination. Without access to language the child would have difficulty referring to concrete objects that were not immediately present. Collins (1969), Heider and Heider (1940), and Schlesinger (1972) found that the communications of deaf children were almost exclusively confined to topics with a visual referent. Without language the child has a limited metaphorical capacity to depict and share with others such internal events such as thinking and ideas, motivation and intentions, values and commitments. They lack the metaphoric capacity to envision, depict, and share conceptions of the future as well. As Harris argues (1978), impulse control depends on the capacity to plan ahead in a careful and organized manner so that gratification of immediate needs and wishes can become secondary to the achievement of long term goals. Preconventional moral judgements seldom draw on abstract metaphorical thought as this moral view is confined to the felt needs of the self and to the concrete consequences of action on the self. Conventional and principled

moral judgements, however, require considerations of complex phenomena seen from many perspectives. Some sort of shared symbol system must be available if such notions are to be captured and communicated.

The social isolation and the lack of interpersonal interaction experienced by hearing impaired children seem to be further exacerbated by the kinds of school experiences that have been provided for them until recently. Thrower's findings of depressed moral development scores in children reared in institutions may have serious implications for the hearing impaired, as a large percentage of such children have been educated in residential settings. Schools for hearing impaired have been described as overwhelmingly dominated by the teachers, while the children remain highly passive (Craig and Collins, 1970; Furth, 1973; Hawkins, 1966). Craig and Collins (1970) found that 80% of the classroom communication was teacher generated, while only 3% was initiated by the students. Even when students did initiate communication the teachers typically failed to respond. Even given these problems, the current practice of mainstreaming children with hearing impairments into regular schools may actually prolong the period of social isolation that deaf children experience. If the teachers and students in regular schools do not take responsibility for learning sign, the mainstreamed child may not learn an effective system for communicating until she or he reaches adulthood and finds a way into the deaf community.

If the opportunity to participate in an ongoing dialogue is essential for the development of moral reasoning, how deaf children communicate may not be significant, as long as they do. Oral speech is only one possible form of communication, although speech and language have been traditionally equated. Fraiberg (1977) has demonstrated the importance for blind children of finding alternative routes for functions that ordinarily require the use of vision. Once other paths are found, development proceeds well. Without such a rerouting, development is likely to be seriously truncated. The give and take of interchange and dialogue,

made possible by the use of language -- in whatever mode -- is likely to be the central experience that is essential for moral development.

The preceding analysis suggests that deaf children who are reared in a sign-rich environment, with a high rate of social interaction and extended opportunities for dialogue, may be more like hearing children in their development of moral reasoning. We (Belenky, 1982; Belenky, Clinchy, Goldberger and Tarule, forthcoming) have found that hearing adolescents and adults who grew up in environments with markedly limited opportunities for dialogue may have developmental patterns that are more like those of the typical person who is hearing impaired. The small number of the 150 women studied who were still at the preconventional level of moral development, as measured by Kohlberg and Gilligan, had a number of factors in common: their families were unusually hierarchical, with a very unequal distribution of power between the parents and between the adults and the children. There was little discussion among family members. Without recourse to "thinking and talking things out" together, physical coercion was common in their families. For one reason or another, these hearing adolescents and women seldom had friends while growing up. As children they were seen but not heard. As children they lacked the freedom from adult constraint and the experiences of social participation that Lickona argues are necessary for moral development. Growing up in isolation seems to pose grave danger for cognitive development as well -- the third condition necessary for moral growth. These few hearing adolescent and adult women in our study who were still at the preconventional stages of moral development also had very primitive conceptions of the nature of knowledge and of themselves as knowers. While they viewed truths as emanating from the words of authorities they had little confidence in their own abilities to receive, remember, and recite such words. Memorizing and returning the words of teachers was, in their minds, the way one learns even though they did not believe that they themselves had the capacity to learn from words. They had no sense of constructing

truths from their own experience, through the use of their own minds. They had little sense of their own voice as a tool for mediating and communicating experience with others.

Vygotsky (1962 and 1977) and Luria (1961 and 1979) demonstrate that many exterior dialogues are a necessary precursor to inner speech and an awareness of one's own thought processes. Without conversation -- listening to others and the drawing out of one's own voice -- the individual fails to develop a sense that she, herself, can think. Luria (1961) traces the long process that the young child undergoes before the child's actions can become subordinated to and guided by the verbal commands of others. Only later is the child able to represent directions and commands to her own self. With the development of a sufficient symbol system the child can talk to herself. Through inner speech the individual can make plans, reflect on and revise them, and then act in accordance with such plans. With inner speech the individual's behavior is no longer controlled by immediate stimulus. Our data shows how hearing adolescent and adult women continue to develop a sense of their own voice and their own mind well into the adult years. Only at the highest stages of moral and epistemological development is the self conceptualized as being fully capable of and responsible for the construction of knowledge. It is only then that the capacity for dialogue appears to be fully developed. Moral growth can continue and accelerate through the adult years for those whose developmental progress has conformed to normal patterns and for those who have serious delays to overcome.

The accumulated evidence corroborates Emerton et al's (1979) conclusion that developmental delays experienced by those who are hearing impaired may be more a function of the ways the deaf are educated than of deafness itself. Children with early and profound hearing loss typically experience serious and continued social isolation; are often subjected

to non-rational, power assertive discipline techniques by their teachers and parents; are often discouraged from participating in the give and take of on-going dialogues in both school and home; and are delayed in the acquisition of the higher stages of cognitive functioning. To be disadvantaged in these respects has serious implications for moral development and could account for the developmental delay observed in the hearing impaired. All of these seem to be conditions that are often ameliorated through participation in the social life of the deaf community during adulthood. All seem to be conditions that could be reversed earlier through the systematic provision of well designed social and educational experiences that sponsor fuller and more adequate modes of functioning. Kagan (1973) has begun to document a variety of circumstances in which the developmental effects of serious deprivation have been reversed. His work suggests that the human organism is more adaptable and resilient than had heretofore been thought possible for developmental deficits to be made up late into the life span. The longitudinal findings of the DeCaros and Emerton document the ability of adolescents and adults to greatly overcome the developmental delays imposed by the experiences that children who are deaf commonly share. Increasingly, educators understand the importance of making all modes of communication available to the hearing impaired, and have brought about extensive educational reforms, providing more experiences for supporting the development of the capacity for dialogue, hopefully thus preventing and overcoming such developmental d lays.

Integrating the understanding about moral development achieved by Gilligan, Kohlberg, and Piaget, suggests that special efforts should be made to provide many opportunities for dialogue within the contexts of two broad types of social experience. The first would aim at promoting the rights orientation of moral reasoning as described by Kohlberg and Piaget. This should involve extensive participation in the governance of fairly complex and sizable democratic insti-

tutions where the central moral conflicts would be fully debated and where taking a community or societal perspective is encouraged. Challenging intellectual study should be integrated with these experiences to insure that the quality of participation and the governance structure itself would be on a high level, and to encourage the students to explore the moral, societal, and philosophical implications of their experience. The second kind of experience would aim at promoting the responsibility orientation as depicted by Gilligan. This should involve working with others in a more personal context where such qualities as care, responsibility, and understanding are essential and reciprocated./ Sprinthall (1980) and his colleagues have designed a series of such programs which combine experience in peer counseling and peer teaching with high-level academic study in the social sciences. These programs have had a major impact in moral and ego development of the adolescent participants. These two kinds of experiences should stimulate the development of an expanded conception both of universal, impersonal relationships, and of particular relationships involving the most personal of commitments. As the complexity of modern society increases, the easy access that children have to both of these kinds of experiences appears to decrease. Access for children with special handicaps is likely to be even more problematic. Placing both kinds of experience at the center of a serious academic curriculum is likely to be humanizing for both our children and for our institutions.

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